

<i>SERFF Tracking Number:</i>	<i>AOIC-127310440</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49236</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.003 Long Term - Unrelated to marketing with employer or association groups</i>
<i>Product Name:</i>	<i>Disability Income Data Page</i>		
<i>Project Name/Number:</i>	/		

## Filing at a Glance

Company: Auto-Owners Life Insurance Company

Product Name: Disability Income Data Page    SERFF Tr Num: AOIC-127310440    State: Arkansas

TOI: H111 Individual Health - Disability Income    SERFF Status: Closed-Approved-  
Closed    State Tr Num: 49236

Sub-TOI: H111.003 Long Term - Unrelated to marketing with employer or association groups    Co Tr Num:    State Status: Approved-Closed

Filing Type: Form    Reviewer(s): Rosalind Minor  
Author: Julia Karn    Disposition Date: 07/14/2011  
Date Submitted: 07/06/2011    Disposition Status: Approved-Closed

Implementation Date Requested: On Approval    Implementation Date:  
State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 07/14/2011
	State Status Changed: 07/14/2011
Deemer Date:	Created By: Julia Karn
Submitted By: Julia Karn	Corresponding Filing Tracking Number:
Filing Description:	

Auto-Owners Life Insurance Company is submitting an updated policy Data Page, 61737 (5-10) for your review and approval. This Data Page relates to our new Individual Disability Income Protection Insurance policy, 61739 (5-10) et al, that was previously approved by your state on 5/3/11, SERFF # 126829993.

The Maximum Benefit Period has been further clarified for the Insured. No other items have changed on this form. Additionally, we have added a Statement of Variability to the Supporting Documentation tab, to explain this change. A red-lined version has been added to the Supporting Documentation tab for your review.

SERFF Tracking Number: AOIC-127310440 State: Arkansas  
 Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 49236  
 Company Tracking Number:  
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing  
 with employer or association groups  
 Product Name: Disability Income Data Page  
 Project Name/Number: /

May we please have your approval?

The attached forms are submitted in final printed format and are subject only to minor modifications, such as company address, logo and phone number, typographical errors, paper stock, ink, and adaptation to computer printing.

## Company and Contact

### Filing Contact Information

Julia Karn, Method and Procedure Specialist karn.julia@aoins.com  
 P.O. Box 30325 517-323-1493 [Phone]  
 Lansing, MI 48909

### Filing Company Information

Auto-Owners Life Insurance Company CoCode: 61190 State of Domicile: Michigan  
 P.O. Box 30325 Group Code: 280 Company Type: LAH  
 Lansing, MI 48917 Group Name: Auto-Owners Ins State ID Number:  
 Group  
 (800) 346-0346 ext. [Phone] FEIN Number: 38-1814333  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: Data page - \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Life Insurance Company	\$50.00	07/06/2011	49476652

SERFF Tracking Number: AOIC-127310440 State: Arkansas  
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TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing  
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Product Name: Disability Income Data Page  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/14/2011	07/14/2011

<i>SERFF Tracking Number:</i>	<i>AOIC-127310440</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49236</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.003 Long Term - Unrelated to marketing with employer or association groups</i>
<i>Product Name:</i>	<i>Disability Income Data Page</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 07/14/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-127310440 State: Arkansas

Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 49236

Company Tracking Number:

TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing with employer or association groups

Product Name: Disability Income Data Page

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	61737 (5-10) Data Page red lined version	Approved-Closed	Yes
Form	Data Page	Approved-Closed	Yes

SERFF Tracking Number: AOIC-127310440 State: Arkansas

Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 49236

Company Tracking Number:

TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing with employer or association groups

Product Name: Disability Income Data Page

Project Name/Number: /

## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/14/2011	61737 (5-10)	Data/DeclarData Page ation Pages	Revised	Replaced Form #: 61737 (5-10) Previous Filing #: AOIC-126829993		61737 (5-10) Data Page_5- 12-11.pdf

# ***Auto-Owners Life Insurance Company***

(Herein Called the Company)  
Lansing, Michigan 48909-8160

## **POLICY DATA**

INSURED:	[JOHN DOE]	POLICY NUMBER:	[###-#####-#]
OWNER:	[JOHN DOE]	POLICY DATE:	[MONTH DAY, YEAR]
PLAN:	DISABILITY INCOME	PREMIUM CLASS:	[SMOKER, NON-SMOKER]
GENDER:	[MALE, FEMALE]	OCCUPATIONAL CLASS:	[AAAA, AAA, AA, A, B]
ISSUE AGE:	[18-60]	BIRTH DATE:	[MONTH DAY, YEAR]
		INITIAL PREMIUM MODE:	[ANNUAL, SEMI-ANNUAL, QUARTERLY, MONTHLY]

## **SCHEDULE OF BENEFITS AND PREMIUMS**

<b><u>COVERAGE</u></b>	<b><u>BENEFIT</u></b>	<b><u>ANNUAL PREMIUM*</u></b>
TOTAL BASE POLICY DISABILITY BENEFIT (NON-COORDINATED)		[\$##,###.##]
TOTAL DISABILITY MONTHLY BENEFIT	[\$500.00-\$10,000.00]	
ELIMINATION PERIOD	[30,60,90,180,365]DAYS	
MAXIMUM BENEFIT PERIOD		
[[2 YEARS]		
[THE MAXIMUM BENEFIT PERIOD IS DETERMINED BY YOUR AGE ON THE DATE YOU BECOME DISABLED: <u>AGE WHEN DISABILITY BEGINS</u> 62 OR YOUNGER: 5 YEARS 63: 4 YEARS 64: 3 YEARS 65 OR OLDER: 2 YEARS]		
[THE MAXIMUM BENEFIT PERIOD IS DETERMINED BY YOUR AGE ON THE DATE YOU BECOME DISABLED: <u>AGE WHEN DISABILITY BEGINS</u> 64 OR YOUNGER: TO AGE 67 65 OR OLDER: 2 YEARS]]		
[ADDITIONAL BENEFITS**]		
[3% COST OF LIVING INCREASE RIDER		[\$##,###.##]
[BUSINESS OWNER RETURN-TO-WORK RIDER		[\$##,###.##]
[BUSINESS OVERHEAD EXPENSE RIDER		[\$##,###.##]
MAXIMUM MONTHLY BENEFIT AMOUNT:	[\$1,000.00-\$10,000.00]	
ELIMINATION PERIOD:	[30,60,90,180,365]DAYS	
MAXIMUM BENEFIT PERIOD:	[12,18,24]MONTHS]	
[COORDINATING ADDITIONAL INSURANCE RIDER		[\$##,###.##]
MONTHLY BENEFIT AMOUNT:	[\$100.00-\$2,000.00]]	
[FIRST DAY HOSPITAL CONFINED RIDER		[\$##,###.##]
[GUARANTEED INSURABILITY RIDER		[\$##,###.##]
[OWN OCCUPATION FIVE YEAR RIDER		[\$##,###.##]
[OWN OCCUPATION TO AGE 67 RIDER		[\$##,###.##]
[RESIDUAL DISABILITY RIDER		[\$##,###.##]
[SPOUSAL CATASTROPHIC DISABILITY RIDER		[\$##,###.##]
MONTHLY BENEFIT AMOUNT:	[\$250.00-\$2,000.00]]	
TOTAL ANNUAL PREMIUM:		[\$##,###.##]

## PREMIUM MODE OPTIONS

<u>PREMIUM MODE</u>	<u>TOTAL PREMIUM</u>
[MONTHLY:]	[\$##,###.##]
[QUARTERLY:]	[\$##,###.##]
[SEMI-ANNUAL:]	[\$##,###.##]
[ANNUAL:]	[\$##,###.##]

\* PREMIUMS REMAIN LEVEL UNLESS ADJUSTED FOR ALL POLICYHOLDERS IN YOUR CLASS IN ACCORDANCE WITH THE RENEWAL PROVISIONS IN THIS POLICY.  
[\*\*SEE RIDER PROVISIONS FOR COVERAGE DETAILS.]

SERFF Tracking Number: AOIC-127310440 State: Arkansas  
 Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 49236  
 Company Tracking Number:  
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing  
 with employer or association groups  
 Product Name: Disability Income Data Page  
 Project Name/Number: /

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification	Approved-Closed	07/14/2011
<b>Bypass Reason:</b> Not applicable, no readability requirement for data page.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application	Approved-Closed	07/14/2011
<b>Comments:</b>		
Applications from previous filing, SERFF # AOIC-126829993, approved on 5/3/11, will be used:		

1002 (11-10)  
 61011 (9-10)

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Health - Actuarial Justification	Approved-Closed	07/14/2011
<b>Comments:</b>		
Previously submitted and approved.		
<b>Attachment:</b>		
AO DI Act Memo - V2 No_BP2_EP365 111610 (2).pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Outline of Coverage	Approved-Closed	07/14/2011
<b>Comments:</b>		
Previously submitted and approved.		
<b>Attachment:</b>		
61763 (9-10) Outline of Coverage john doe.pdf		

SERFF Tracking Number: AOIC-127310440 State: Arkansas  
Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 49236  
Company Tracking Number:  
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing  
with employer or association groups  
Product Name: Disability Income Data Page  
Project Name/Number: /

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability	Approved-Closed	07/14/2011
<b>Comments:</b> Reflects variable data on Data Page, only change is the Maximum Benefit Period.		
<b>Attachment:</b> Statement of Variability Policy Data Page.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> 61737 (5-10) Data Page red lined version	Approved-Closed	07/14/2011
<b>Comments:</b>		
<b>Attachment:</b> John Doe mockup_5-12-11 CAPS redlined.pdf		

# ***Auto-Owners Life Insurance Company***

P.O. Box 30325  
Lansing, MI 48909-7825

[NOTICE: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application, and the coverage originally applied for has *not* been issued.]

## **INDIVIDUAL DISABILITY INCOME PROTECTION INSURANCE POLICY REQUIRED OUTLINE OF COVERAGE FOR POLICY FORM 61739**

**READ YOUR POLICY CAREFULLY** – This outline of coverage provides a very brief description of the important features of Your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both You and Your insurance company (herein called "We", "Us", "Our"). It is, therefore, important that You **READ YOUR POLICY CAREFULLY!**

**Caution:** The issuance of the policy will be based on Your responses to the questions in Your application. A copy of Your application will be made part of the policy. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind Your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at the address shown above.

**DISABILITY INCOME PROTECTION COVERAGE** – Policies of this category are designed to provide, to persons insured, coverage for disabilities resulting from a covered injury or sickness. Benefits are subject to any limitations set forth in the policy. Coverage is *not* provided for basic hospital or medical or surgical expenses, or for major medical expenses.

### **BENEFITS**

**Total Disability Benefit**..... ☒ Included  
Premium: \$ [248.00] Per [semi-ann]  
If an Injury or a Sickness causes You to be Totally Disabled, a benefit of \$ [2,000] per month will be paid to You. Payments start after the [60] day Elimination Period is satisfied. Benefits will be paid up to the [2 year] Maximum Benefit Period.

**Partial Disability Benefit**..... ☒ Included  
If You are Partially Disabled due to the Injury or Sickness that caused Your Total Disability, immediately after You receive benefit(s) for Total Disability, then a Monthly Benefit Amount of one half the Total Monthly Disability Benefit will be paid. Benefits will be paid for up to 6 months, but not after the date on which the number of Total Disability and Partial Disability benefits paid equals the number of months in the Maximum Benefit Period.

**Transplant Benefit**..... ☒ Included  
If You donate one of Your organs, or bone marrow, or other body part that can be transplanted, for transfer to another person, then the physical condition that results from the transfer will be deemed a Sickness. If You become Totally Disabled as a result, then Total Disability Benefits will be payable as for any other Disability. Your policy must have been in force for at least 6 months before Your donation, for benefits to be payable for this reason.

**Premium Waiver Benefit**..... ☒ Included  
After You have been Disabled for 90 days in a row, We will waive the payment of premiums that become due for the policy and any riders attached to it. We will continue to waive them for as long as Your Disability continues. All premiums paid that were due during that 90 day period will be returned to You. When You are no longer Disabled, this waiver of premium ends, and You must resume premium payments as of the next premium due date to continue Your coverage under the policy and its riders.

**Optional 3% Cost of Living Increase Rider, Form 61746** ..... ☐ Included ☒ Not Included

Premium: \$ \_\_\_\_\_ Per \_\_\_\_\_

This rider provides an increase in monthly benefits for Disability under the policy after You have been Disabled for 12 months in a row. While You remain Disabled, Your benefit amount is increased each year by 3% compounded annually, until the benefit doubles.

This rider also applies to:

- the Total Disability Monthly Benefit increases purchased under the Guaranteed Insurability Rider; and
  - the Monthly Benefit Amount for the Coordinating Additional Insurance Rider;
- if included with Your policy.

**Optional Business Overhead Expense Rider, Form 61745** ..... ☐ Included ☒ Not Included

Premium: \$ \_\_\_\_\_ Per \_\_\_\_\_

This rider provides benefits if You incur Covered Business Owner Expenses while You are Totally Disabled and while this rider is in force. The monthly benefit is the lesser of the actual amount of Covered Business Overhead Expenses incurred in that month, and \$ \_\_\_\_\_. This benefit has an Elimination Period of \_\_\_\_\_ days of Total Disability. This benefit has a Maximum Benefit Period during Your lifetime of \_\_\_\_\_ months.

**Optional Business Owner Return-To-Work Rider, Form 61729** ..... ☐ Included ☒ Not Included

Premium: \$ \_\_\_\_\_ Per \_\_\_\_\_

This rider provides a limited extension of Your Total Disability Benefits, if You recover from Your Total Disability before benefits are paid for the Maximum Benefit Period. To qualify, You must return to Actively at Work status in Your Regular Occupation within 30 days after the last day of a period of Total Disability for which a Total Disability Benefit was paid. Benefits will then be extended, from 1 to 3 months, based on the number of Total Disability Benefits You had received before Your Recovery. The extended benefit amount under this rider equals 50% of the Total Disability Benefit above. The Maximum Benefit Period applies to the total number of Total Disability Benefit payments under Your policy plus any extended payments under this rider.

This rider also applies to:

- the Monthly Benefit Amount for the Coordinating Additional Insurance Rider; and
  - the 3% Cost of Living Increase Rider; and
  - the Total Disability Monthly Benefit increases purchased under the Guaranteed Insurability Rider;
- if included with Your policy.

**Optional Coordinating Additional Insurance Rider, Form 61732** ..... ☐ Included ☒ Not Included

Premium: \$ \_\_\_\_\_ Per \_\_\_\_\_

This rider provides a monthly benefit in addition to the Total Disability Benefit or Partial Disability Benefit above. The amount of this monthly benefit equals \$ \_\_\_\_\_, less the amount of any benefits from Other Benefit Programs that are payable to You or Your Family Member, or for which You or Your Family Member are eligible, for the same month.

Other Benefit Programs include:

- Social Security disability benefits; and
- Worker's Compensation disability benefits; and
- federal, state or local retirement and disability fund benefits.

This monthly benefit will be paid while Your Disability continues, but not after the date that Total Disability benefits or Partial Disability benefits under the policy end.

**Optional First Day Hospital Confined Rider, Form 61744** ..... ☐ Included ☒ Not Included

Premium: \$ \_\_\_\_\_ Per \_\_\_\_\_

This rider provides for payment of Total Disability Benefit amounts, during the Elimination Period, if You are Confined in a Hospital because of Your Total Disability. We will pay a pro rata portion of the Total Disability Benefit amount for each day of such Confinement during the Elimination Period while You remain Totally Disabled.

This rider also applies to:

- the Total Disability Monthly Benefit increases purchased under the Guaranteed Insurability Rider; and
- the Monthly Benefit Amount for the Coordinating Additional Insurance Rider; and
- the Business Overhead Expense Rider;

if included with Your policy.

**Optional Guaranteed Insurability Rider, Form 61728** ..... ☐ Included ☒ Not Included

Premium: \$ \_\_\_\_\_ Per \_\_\_\_\_

This rider allows You to increase Your Total Disability Benefit amount prior to Your 58<sup>th</sup> birthday. Your health status will not be considered, other than proof that You are not Disabled. An increase can only take effect on an anniversary of Your Policy Date, and only after Your policy has been in force for at least 2 years. Increases must be at least 2 years apart. Increases are subject to Our underwriting requirements. The amount of any increase is subject to a minimum of \$100.00, and a maximum of 50% of Your Total Disability Benefit amount on Your Policy Date. The maximum amount for all increases is 2 times Your Total Disability Benefit amount on Your Policy Date.

**Optional Own Occupation Five Year Rider, Form 61748** ..... ☐ Included ☒ Not Included

Premium: \$ \_\_\_\_\_ Per \_\_\_\_\_

This rider lengthens the time period described in the policy definition of Own Occupation Period. This time period is increased from 24 months to 60 months.

**Optional Own Occupation To Age 67 Rider, Form 61749** ..... ☐ Included ☒ Not Included

Premium: \$ \_\_\_\_\_ Per \_\_\_\_\_

This rider lengthens the time period described in the policy definition of Own Occupation Period. This time period is increased, from 24 months, to the number of months from the completion of the Elimination Period to the date You attain age 67.

**Optional Residual Disability Rider, Form 61747** ..... ☐ Included ☒ Not Included

Premium: \$ \_\_\_\_\_ Per \_\_\_\_\_

This rider provides a monthly benefit if You return to Your Regular Occupation while Residually Disabled. If this return follows immediately after You receive a Total Disability Benefit, and You suffer a loss of 15% or more of Your Pre-Disability Income, then We will pay a Residual Disability benefit. Your benefit is based on the percent of income lost as a result of Your Disability. We will pay this benefit while Your Residual Disability continues, but not after the date on which the number of Total Disability and Residual Disability benefits paid equals the number of months in the Maximum Benefit Period.

**Optional Spousal Catastrophic Disability Rider, Form 61743** ..... ☐ Included ☒ Not Included

Premium: \$ \_\_\_\_\_ Per \_\_\_\_\_

This rider provides a monthly benefit to You of \$ \_\_\_\_\_, if Your Spouse suffers a Catastrophic Disability while this rider is in force. Your Spouse must be unable to perform 2 or more Activities of Daily Living without Hands-On Assistance, or must require Substantial Supervision due to a Severe Cognitive Impairment, in order to qualify. Your Spouse must be Catastrophically Disabled for 60 days in a row. Benefits can then be paid while the Catastrophic Disability continues. A maximum of 24 months of benefits will be paid during the Spouse's lifetime.

## EXCLUSIONS AND LIMITATIONS

**Exclusions** – Benefits will not be paid under Your policy or any attached riders, for:

- any Disability caused by war or any act of war, whether declared or undeclared, or by any other armed conflict; or
- any Disability caused or contributed to by Your intentionally self-inflicted injury or sickness, except that this does not include a voluntary donation described in the Transplant Benefit; or
- any Disability due to normal pregnancy, childbirth or elective abortion, except that this does not include Complications of Pregnancy; or
- any Disability caused by Your active participation in a riot or insurrection; or
- any Disability that results from Your military service of any country or authority, except during active duty for training of less than 60 days; or

- any Disability caused by Your engaging in any act or occupation that is either a misdemeanor or a felony according to the law of the jurisdiction where such cause occurred; or
- any Disability that exists during any period of time You are confined for any reason in a penal or correctional institution.

#### Limitations

- **Pre-Existing Condition** – "Pre-Existing Condition" means any mental or physical condition for which in the 24 months prior to Your Policy Date:
  - You consulted a Physician; or
  - You received any medical treatment or services, or You have undergone diagnostic procedures; or
  - You have taken any prescription drugs or medications; or
  - a prudent person would have sought medical advice, care or treatment.

We will not pay benefits for a Disability caused by a Pre-Existing Condition unless, on the date You become Disabled, Your policy has been in force for 24 months in a row. However, if You fully disclose such Pre-Existing Condition in Your application, and the condition is accepted by Us, then that condition is not subject to this limitation.

- **Mental or Nervous Disorder** – Subject to all other terms of Your policy, payment of monthly benefits for all Disabilities caused by Mental or Nervous Disorder is limited to 24 months during Your lifetime.

**RENEWABILITY** – Your policy is guaranteed renewable until the anniversary of the Policy Date that next follows Your 67<sup>th</sup> birthday. To renew, You must pay the required premium, subject to the grace period.

You may request cancellation of the policy, by written notice to Us. In this case, the policy will cancel as of the date We receive Your notice. No refund will be made for any portion of modal premiums already paid for premiums that were due before the date of Your notice.

**PREMIUM** – We may change Your premium rates, when the same change is made on all policies of this form and class. Such change will not be made more than once in any 12 month period. We will give You at least 31 days advance written notice of a premium change.

The premium rates may also be changed at the time the terms of the policy, such as the Total Disability Monthly Benefit, the Elimination Period, and the Maximum Benefit Period, are changed.

Total Premium: \$ [248.00] Per [semi-ann]

Joe Agent 11/11/2010  
Signature of Agent Date

John Doe 11/11/2010  
Signature of Proposed Insured Date

\_\_\_\_\_  
Signature of Owner Date  
(if other than Proposed Insured)

**RETAIN FOR YOUR RECORDS**

## **Statement of Variability – Policy Data Page #61737 (5-10)**

The following fields on the Policy Data page 3 (61737 (5-10)) are indicated in the filing as variable. These fields will vary based on the individual policy characteristic and choice:

Insured (*name of Insured*)  
Policy Owners (*name of owner*)  
Gender (*gender of Insured, male or female*)  
Issue Age (*age of Insured*)  
Policy Number  
Policy Date  
Premium Class (*Smoker, Non-Smoker*)  
Occupational Class (*4A, 3A, 2A, A, B*)  
Birth Date (*birth date of Insured*)  
Initial Premium Mode (*premium amount: Annual, Semi-Annual, Quarterly, Monthly*)

Coverage:

Total Base Policy Disability Benefit – Non-Coordinated (*premium amount*)  
Total Disability Monthly Benefit (*monthly benefit amount*)  
Elimination Period (*period of Total Disability before monthly benefits are Payable*)  
Maximum Benefit Period (*the longest period of time we will pay benefits under this Policy for any one period of continuous disability*)

If a 2 Yr Benefit Period is chosen, the following verbiage will appear under the heading “Maximum Benefit Period” on the Policy Data page:

2 YEARS

If a 5 Yr Benefit Period is chosen, the following verbiage will appear under the heading “Maximum Benefit Period” on the Policy Data page:

THE MAXIMUM BENEFIT PERIOD IS DETERMINED  
BY YOUR AGE ON THE DATE YOU BECOME DISABLED:  
AGE WHEN DISABILITY BEGINS  
62 OR YOUNGER: 5 YEARS  
63: 4 YEARS  
64: 3 YEARS  
65 OR OLDER: 2 YEARS

If a To Age 67 Benefit Period is chosen, the following verbiage will appear under the heading "Maximum Benefit Period" on the Policy Data page:

THE MAXIMUM BENEFIT PERIOD IS DETERMINED  
BY YOUR AGE ON THE DATE YOU BECOME DISABLED:  
AGE WHEN DISABILITY BEGINS  
64 OR YOUNGER: TO AGE 67  
65 OR OLDER: 2 YEARS

(Additional Benefits:

3% Cost of Living Increase Rider (*premium amount*)  
Business Owner Return-To-Work Rider (*premium amount*)  
Business Overhead Expense Rider (*premium amount*)  
Maximum Monthly Benefit Amount (*maximum benefit that will be paid for each month of Total Disability*)  
Elimination Period (*number of days of Total Disability before benefits become payable*)  
Maximum Benefit Period (*the longest period of time we will pay benefits under this Policy during the lifetime of the insured*)  
Coordinating Additional Insurance Rider (*premium amount*)  
Monthly Benefit Amount (*maximum benefit that will be paid for each month of disability*)  
First Day Hospital Confined Rider (*premium amount*)  
Guaranteed Insurability Rider (*premium amount*)  
Own Occupation Five Year Rider (*premium amount*)  
Own Occupation to Age 67 Rider (*premium amount*)  
Residual Disability Rider (*premium amount*)  
Spousal Catastrophic Disability Rider (*premium amount*)  
Monthly Benefit Amount (*maximum monthly benefit payable after insured's spouse is Catastrophically Disabled for 60 consecutive days*)

Total Annual Premium: (*total annual premium amount for base Policy and riders*)

Premium Mode Options

(Monthly (*total premium on a monthly basis*))  
(Quarterly (*total premium on a quarterly basis*))  
(Semi-Annual (*total premium on a semi-annual basis*))  
(Annual (*total premium on an annual basis*))

The following statement will print if any Additional Benefits\*\* are selected:

(\*\*See Rider Provisions for Coverage Details.)

# ***Auto-Owners Life Insurance Company***

(Herein Called the Company)  
Lansing, Michigan 48909-8160

## **POLICY DATA**

INSURED:	[JOHN DOE]	POLICY NUMBER:	[###-#####-#]
OWNER:	[JOHN DOE]	POLICY DATE:	[MONTH DAY, YEAR]
PLAN:	DISABILITY INCOME	PREMIUM CLASS:	[SMOKER, NON-SMOKER]
GENDER:	[MALE, FEMALE]	OCCUPATIONAL CLASS:	[AAAA, AAA, AA, A, B]
ISSUE AGE:	[18-60]	BIRTH DATE:	[MONTH DAY, YEAR]
		INITIAL PREMIUM MODE:	[ANNUAL, SEMI-ANNUAL, QUARTERLY, MONTHLY]

## **SCHEDULE OF BENEFITS AND PREMIUMS**

<b><u>COVERAGE</u></b>	<b><u>BENEFIT</u></b>	<b><u>ANNUAL PREMIUM*</u></b>
TOTAL BASE POLICY DISABILITY BENEFIT (NON-COORDINATED)		[\$##,###.##]
TOTAL DISABILITY MONTHLY BENEFIT	[\$500.00-\$10,000.00]	
ELIMINATION PERIOD	[30,60,90,180,365]DAYS	
MAXIMUM BENEFIT PERIOD		
<del>[2 YEARS, 5 YEARS, TO AGE 67]</del>		
[2 YEARS]		
[THE MAXIMUM BENEFIT PERIOD IS DETERMINED BY YOUR AGE ON THE DATE YOU BECOME DISABLED: <u>AGE WHEN DISABILITY BEGINS</u>		
62 OR YOUNGER: 5 YEARS		
63: 4 YEARS		
64: 3 YEARS		
65 OR OLDER: 2 YEARS]		
[THE MAXIMUM BENEFIT PERIOD IS DETERMINED BY YOUR AGE ON THE DATE YOU BECOME DISABLED: <u>AGE WHEN DISABILITY BEGINS</u>		
64 OR YOUNGER: TO AGE 67		
65 OR OLDER: 2 YEARS]		
[ADDITIONAL BENEFITS**]		
[3% COST OF LIVING INCREASE RIDER		[\$##,###.##]
[BUSINESS OWNER RETURN-TO-WORK RIDER		[\$##,###.##]
[BUSINESS OVERHEAD EXPENSE RIDER		[\$##,###.##]
MAXIMUM MONTHLY BENEFIT AMOUNT:	[\$1,000.00-\$10,000.00]	
ELIMINATION PERIOD:	[30,60,90,180,365]DAYS	
MAXIMUM BENEFIT PERIOD:	[12,18,24]MONTHS]	
[COORDINATING ADDITIONAL INSURANCE RIDER		[\$##,###.##]
MONTHLY BENEFIT AMOUNT:	[\$100.00-\$2,000.00]]	
[FIRST DAY HOSPITAL CONFINED RIDER		[\$##,###.##]
[GUARANTEED INSURABILITY RIDER		[\$##,###.##]
[OWN OCCUPATION FIVE YEAR RIDER		[\$##,###.##]
[OWN OCCUPATION TO AGE 67 RIDER		[\$##,###.##]
[RESIDUAL DISABILITY RIDER		[\$##,###.##]
[SPOUSAL CATASTROPHIC DISABILITY RIDER		[\$##,###.##]
MONTHLY BENEFIT AMOUNT:	[\$250.00-\$2,000.00]]	
TOTAL ANNUAL PREMIUM:		[\$##,###.##]

## PREMIUM MODE OPTIONS

<u>PREMIUM MODE</u>	<u>TOTAL PREMIUM</u>
[MONTHLY:]	[\$##,###.##]
[QUARTERLY:]	[\$##,###.##]
[SEMI-ANNUAL:]	[\$##,###.##]
[ANNUAL:]	[\$##,###.##]

\* PREMIUMS REMAIN LEVEL UNLESS ADJUSTED FOR ALL POLICYHOLDERS IN YOUR CLASS IN ACCORDANCE  
WITH THE RENEWAL PROVISIONS IN THIS POLICY.  
[\*\*SEE RIDER PROVISIONS FOR COVERAGE DETAILS.]